



INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo and Mono Counties
1425 SOUTH "D" STREET
SAN BERNARDINO, CA 92415-0060
(909) 388-5823 FAX: (909) 388-5825

MICN/MICN-A CERTIFICATION

Check (✓) the appropriate box you are applying for:

- ☐ Initial \$90
☐ MICN-A \$90
☐ Inactive Status (No Fee)

- ☐ Continuous \$90
☐ Return to Active Status \$90
☐ Challenge \$225

ICEMA MICN

Certification #: _____ Exp Date: _____

FEEES ARE NONREFUNDABLE - CASH OR MONEY ORDER ONLY- NO PERSONAL CHECKS ACCEPTED

Legal Name:

Last First Middle Sex(M/F)

Address:

Home Address City State Zip

Date of Birth: _____ Phone #: _____ Drivers License # _____

SSN #: _____ Base Hospital or EMS Provider Agency Employer: _____

Email Address: _____ (for ICEMA use only, will not be given out to third parties)

VERIFICATION OF EMPLOYMENT AS A MICN IN THE ICEMA REGION

To be completed by the ED Nurse Manager or PLN at an ICEMA designated Base Hospital

I verify that _____, California RN License # _____ is currently/or will be employed at this facility as an MICN

Name of Facility Authorized Signature Title Date

☐ **MICN-A Waiver** (To be completed by ICEMA authorized ALS Provider Agency's Fire Chief or EMS Coordinator)

Name of Agency Authorized Signature Title Date

Field Time Verification (8 hrs) (MICN Continuous Certification only)

ALS Agency/Authorized Signature/EMT-P#	ALS Contact (Y/N)	Date	Hours

ICEMA USE ONLY: Done By (Initials) _____ Photo: _____ ICEMA Cert # _____
CA RN License #: _____ Exp. Date ____/____/____ BLS ____/____ Effective: ____/____/____
ACLS ____/____ SD: ____ FCA: ____ ARC: ____ TEACHING: ____ Exp. Date: ____/____/____
cc to employer: _____ Accounting # _____

MICN/MICN-A CERTIFICATION

(ICEMA PROTOCOL REFERENCE #1050)

SUBMIT copies of required documentation with your application

Check (✓) the appropriate box

☐ **Initial Certification**

1. California RN License
2. BLS/CPR & ACLS cards
3. Drivers License
4. Course completion certificate
5. Cash or Money Order
6. Photo

☐ **Continuous Certification**

1. California RN License
2. BLS/CPR & ACLS cards
3. Drivers License
4. Document Education Requirements
5. Cash or Money Order
6. Photo

☐ **MICN-A**

1. California RN License
2. BLS/CPR & ACLS cards
3. Drivers License
4. Document Teaching and/or Education Requirements
5. Cash or Money Order
6. Photo

☐ **Inactive Certification-every Two (2) Years of Inactivation**

1. California RN License
2. BLS/CPR & ACLS cards
3. Document Education Requirements

☐ **Return to Active Status/Challenge**

1. California RN License
2. BLS/CPR & ACLS cards
3. Drivers License
4. Cash or Money Order
5. Document Requirements
6. Photo

PROVIDE COPIES of the ROSTER or CE CERTIFICATE from EACH CLASS ATTENDED

DOCUMENTATION OF MICN RECERTIFICATION REQUIREMENTS

Reference Protocol #1050

Check (✓) the appropriate box:

SD	FCA	ARC	Teaching	CE Provider Number	CE Provider Name	Date	Hours

I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to MICN/MICN-A Certification in the ICEMA region. I understand all information on this application is subject to verification, and I hereby give my express permission for ICEMA to contact any person or agency for information related to the certification process and subsequent testing to my employer and/or assigned Base Hospital. I agree to hold ICEMA harmless from any act or action resulting from the release of the information as stated above.

Signature of Applicant

Date